

# PUBLIC HEALTH Bulletin



COUNTY OF ORANGE | HEALTH CARE AGENCY

VOLUME 50, NUMBER 1

Spring 2000

## Healthy People 2010 Encourages Collective Efforts

Recently in Washington, D.C. an event of great importance occurred for both public health and the healthcare community: the launching of Healthy People 2010, the Health Objectives for the Nation. HP 2010 essentially sets the strategic direction and focus for all federal efforts to improve the health status and health outcomes for our country. HP 2010 also affords states and communities the opportunity to develop similar plans to address health priorities in alignment with national priorities.

Since the first effort to articulate a national agenda for health in 1980, significant gains have been made in key health indicators: reduced infant and maternal mortality, decreased deaths from cardiovascular disease, improved immunization rates in children, to name a few. In many areas, HP 2000 goals have been fully met; in

others, goals have not been met but significant progress has been made; in yet others either no significant progress has been made or there has actually been deterioration in the outcome indicator. What's important is that we have a set of target objectives, which can focus our efforts, and measures with which we can monitor our progress.

What's new in HP 2010? First and most important are changes in the overarching goals for the nation: improving the **quality** of life (in addition to increasing longevity), and **eliminating** (rather than decreasing) health disparities. Secondly, there are new areas of focus including arthritis and other debilitating diseases of the elderly, disabilities, chronic respiratory diseases, and mental disorders.

What is the relevance of all of this for health  
(Please see [Healthy People](#), Page 2)



Mark Horton, MD, MSPH

### This Issue . . .

Surveillance for St. Louis  
and Western Equine  
Encephalitis . . . . . 2

Healthy People 2010  
(Cont'd) . . . . . 2

Upcoming Events . . . . . 2

Bioterrorism (Cont'd) . . . . 3

Special Insert:  
Hepatitis Reporting

## Bioterrorism, Public Health and OC Physicians

From anthrax scares to reports of Iraqi biological weapons development to conferences and journal articles, bioterrorism has received a lot of attention lately. This article will focus on the role of Orange County physicians and the local health department (Orange County's Health Care Agency) in the preparation for, recognition of and response to, a bioterrorist event.

Bioterrorism is defined as the use of living organisms or their products to produce death or

disease in humans, animals or plants. Bioterrorism is sometimes grouped with nuclear and chemical terrorism and referred to collectively as NBC (nuclear, biological, chemical) or weapons of mass destruction (WMD).

Following World War II, the United States military and the former Soviet Union developed similar lists of microorganisms that could have potential as biological weapons. Many of these microorganisms are extremely rare causes of disease, essentially nonexistent in the United

(Please see [Bioterrorism](#), Page 3)

## Surveillance for St. Louis Encephalitis and Western Equine Encephalitis

The annual statewide surveillance program for mosquito-borne encephalitis resumes each May and runs through October. Surveillance for Saint Louis Encephalitis (SLE) and Western Equine Encephalitis (WEE) consists of **serological testing of patients with signs and symptoms of viral encephalitis, meningoencephalitis or meningitis**; serological monitoring of chicken flocks; testing mosquito pools for arboviruses; and testing of suspect equine encephalitis. Human cases are sometimes the first warning of an epidemic threat.

While Orange County is not considered at high risk for introduction of West Nile Virus, which resulted in 61 human cases including 7 deaths in the New York City area last summer, this surveillance would help to detect such an occurrence.

Orange County Public Health can assist in the rapid diagnosis of SLE and WEE by providing, free of charge, an IgM test of acute serum. We can also confirm positive serologic results obtained elsewhere. To submit a specimen, please contact the Orange County Public Health Laboratory at (714) 834-8385.

Preventive actions can be taken if cases are identified or increased viral activity is suspected. These consist of targeted vector control activities and recommendations to the public to eliminate standing water, fix broken screens, avoid outdoor activity at dawn and dusk, use mosquito repellent, and, in the event of a full blown epidemic, cancellation of public activities at high-risk times.

SLE and WEE are reportable conditions under Title 17 of the California Code of Regulations, Section 2500. To report a case or for questions regarding this communication, please call Communicable Disease Control and Epidemiology at (714) 834-8180.

## Healthy People 2010

(Cont'd.)

care providers? First, HP 2010 is a framework for understanding that what individual practitioners do and how they do it contributes not only to the health of individuals, but to the health of the whole community. Second, HP 2010 provides a solid rationale for public and community health programs, which complement the efforts of individual practitioners in improving the health status and health outcomes for the entire community. Finally, HP 2010 makes it very clear that significant improvement in health outcomes for the community simply cannot take place without strong and effective partnerships between the medical and public health communities. Whether it involves improving

disease surveillance, improving the management of chronic disease, or more consistently incorporating clinical preventive services into clinical practice, the medicine/public health partnership is essential.

It is my hope and expectation that HP 2010 will serve as a foundation document that gives direction to our collective efforts to improve health outcomes for the citizens of Orange County. I would also like to see it serve as a template for developing our own Countywide Comprehensive Health Plan. If you are interested in learning more about HP 2010 or about how to obtain a copy, please call my office at (714) 834-3155. I will be looking forward to future issues to further discuss specific HP 2010 objectives and how we can work together to achieve them.

**Ten key health indicators have been chosen as signal indicators to serve as a broad "report card" on the health of the nation. These ten indicators are:**

### Health System Indicators

Mental Health  
Injury and Violence  
Environmental Health  
Immunizations  
Access to Health Care

### Lifestyle Indicators

Physical Activity  
Overweight  
Tobacco Use  
Substance Abuse  
Responsible Sexual Behavior

## Upcoming Events

### ACCESS TO IMMUNIZATIONS:

#### *New Solutions*

#### *WHEN:*

Tuesday, May 2<sup>nd</sup>, 2000

#### *WHERE:*

Children's Hospital of Orange County  
Harold Wade Medical Education Center  
455 South Main Street - 2nd Floor  
Orange, CA 92868

#### *PURPOSE:*

This workshop will provide:

- Strategies for increasing immunization opportunities.
- Updates on new school requirements, and CDC recommendations.
- Information on easy access to Internet sources for provider and patient education.

#### *TARGET AUDIENCE*

- Physicians
- Nurses
- Allied Health Professionals
- Health Educators
- Provider Front and Back Office Staff

#### *ACCREDITATION*

CalOPTIMA is approved by the California Board of Registered Nursing, Provider #11596, for 3 contact hours.

#### *REGISTRATION*

Registration is free. Contact Linda Scott at (714) 541-7262 regarding registration as soon as possible. Confirmation and map will be faxed to you.

### NURSE RECOGNITION LUNCH

#### *WHEN:*

Wednesday, May 3<sup>rd</sup>  
from 11:30 a.m. to 1:30 p.m.

#### *WHERE:*

Anaheim Hyatt Alicante Hotel Ballroom

#### *PURPOSE:*

This workshop will:

- Emphasize the partnership that exists between HCA and community health care providers
- Provide an opportunity for nurses to network and exchange information and ideas.
- "Journey to the New Millennium," will feature an array of historical memorabilia, a fashion show depicting 100 years of nursing uniforms.

#### *REGISTRATION:*

Cost for the annual luncheon is \$15. For reservations or further information, please contact Debbie Chavarria at (714) 834-8062.

# Bioterrorism

## (Cont'd.)

States, or in the case of smallpox, have been eradicated. In addition, some organisms or their toxins could be used in an airborne form, resulting in a different clinical presentation than with naturally acquired infection. Most physicians in this country have little or no familiarity with these organisms and would be hard-pressed to make the correct diagnosis.

Although the likelihood of a successful bioterrorist event in Orange County seems remote, some basic preparedness is reasonable, especially if it can be used to strengthen basic public health functions such as communicable disease monitoring and control.

## RECOGNITION

Epidemiological clues can suggest a biological attack; however, none of these is proof that a biological attack occurred. The presence of several such factors would indicate that further investigation is warranted.

### THE EPIDEMIOLOGICAL CLUES INCLUDE THE FOLLOWING:

- Large numbers of cases of unexplained diseases or deaths
- Higher morbidity and mortality in association with a common disease or syndrome, or failure of such patients to respond to usual therapy
- Many ill persons seeking treatment at about the same time
- Illness associated with a ventilation system
- A disease that is unusual for a given geographic area, occurs outside the normal transmission season, or occurs in the absence of the normal vector for transmission
- Multiple simultaneous epidemics of different diseases
- Illness that is unusual (or atypical) for a given population or age group
- Unusual patterns of death or illness among animals that precedes or accompanies illness or death in humans

Whether or not you suspect bioterrorism, any one of the factors listed above should prompt a call to Orange County Public Health. **Unusual diseases and outbreaks are reportable under California Code of Regulations, Title 17, Section 2500.**

Microorganism	Disease
<i>Bacillus anthracis</i>	Anthrax
<i>Yersinia pestis</i>	Plague
<i>Variola virus</i>	Smallpox
<i>Clostridium botulinum</i> (botulinum toxin)	Botulism
<i>Francisella tularensis</i>	Tularemia
Hemorrhagic fever viruses (Venezuelan Equine Encephalitis, Ebola, Marbourg, Lassa fever, etc.)	Hemorrhagic fever

*The microorganisms experts think are most likely to be used in a bioterrorist attack and the diseases they cause.*

## PREPARATION

For physicians, preparation for a bioterrorist event involves becoming familiar with the agents most likely to be used in a bioterrorist attack and the clinical syndromes they cause as well as epidemiological clues suggestive of a bioterrorist attack.

The following resources include recent journal articles on this and other potential bioterrorism agents, as well as scenarios involving release of agents such as smallpox.

### Web Sites:

- Centers for Disease Control, Bioterrorism Information: <http://www.bt.cdc.gov/>
- NBC Bioterrorism Web site: <http://www.nbc-med.org/others/>

### Journal issues devoted to bioterrorism:

- *JAMA*: August 6, 1997 (Vol. 278, No. 5)
- *Emerging Infectious Diseases*: July-August 1999 (Vol. 5, No. 4), available on the Web at:

<http://www.cdc.gov/ncidod/eid/vol5no4/contents.htm>

### Individual articles:

- Smallpox as a Biological Weapon. D.A. Henderson, et al. *JAMA*, June 9, 1999 (Vol. 281, No. 22:2127-2137)
- Anthrax as a Biological Weapon. T.V. Inglesby, et al. *JAMA*, May 12, 1999 (Vol. 281, No. 18:1735-1745)
- Anthrax. T.C. Dixon, et al. *NEJM*, September 9, 1999 (Vol. 341, No. 11:815-825)
- Bioterrorism Alleging Use of Anthrax and Interim Guidelines for Management. *MMWR*, February 5, 1999 (Vol. 48, No. 4:69-74)

Additional articles on biological agents will be published in *JAMA* by the Working Group on Civilian Biodefense.

## RESPONSE

The most critical step in response is early recognition that something unusual is occurring.

The response to a bioterrorist event will require the concerted effort of physicians, the health department, health care facilities and many others, to identify the biological agent involved, treat affected patients, prevent additional transmission, and bring the situation under control. Federal, state, and local governments and health departments are taking part in training to improve the ability to respond to a bioterrorist event. The federal government is planning to stockpile pharmaceuticals that may be needed in large quantities following a bioterrorist event, and there are a variety of response teams that can be called upon for assistance. A regional system of laboratories with specialized tests for the agents listed

above is being developed.

Management of the response will require your participation in rapid assessment of individual patients, collection of patient data, and dissemination of treatment protocols.

If you suspect that a patient has an infection with an unusual organism, such as those listed in the table above, or suspect the presence of an outbreak, you should report the situation immediately to Orange County Public Health. During regular working hours, contact Communicable Disease Control and Epidemiology at (714) 834-8180. After hours or on holidays and weekends, contact the Public Health Official on call through Sheriff Communications at (714) 628-7008.

DISEASE	TOTAL CASES — YEAR END*			
	1999	1998	1997	1996
AIDS	304	305	283	429
AMEBIASIS	19	26	41	36
CAMPYLOBACTERIOSIS	246	284	403	455
CHLAMYDIA	4893	3497	3290	2693
CRYPTOSPORIDIOSIS	8	21	13	11
E-COLI O157:H7	11	11	6	6
FOOD POISONING OUTBREAKS	23	11	12	11
GIARDIASIS	231	272	321	365
GONOCOCCAL INFECTION, TOTAL	572	521	461	435
GONOCOCCAL INFECTION, PPNG	0	5	23	14
H-FLU, INVASIVE DISEASE	4	6	13	15
HANSEN'S DISEASE, LEPROSY	1	4	11	14
HEPATITIS A (acute)	267	228	348	319
HEPATITIS B (acute)	55	90	73	69
HEPATITIS B (chronic)	1545	1692	1474	1459
HEPATITIS C (acute)	13	10	0	0
HEPATITIS C (chronic)	2477	1751	921	317
HEPATITIS OTHER/UNSPECIFIED	47	28	40	34
KAWASAKI DISEASE	18	16	19	14
LISTERIOSIS	9	12	12	9
MALARIA	13	16	18	20
MEASLES (RUBEOLA)	4	2	4	4
MENINGITIS, TOTAL	303	654	356	282
ASEPTIC MENINGITIS	238	586	275	205
MENINGOCOCCAL INFECTIONS	16	23	23	34
MUMPS	4	10	11	14
NON-GONOCOCCAL URETHRITIS	483	665	1014	998
PERTUSSIS	51	13	12	37
PELVIC INFLAMMATORY DISEASE	23	59	62	32
RUBELLA	0	0	0	0
SALMONELLOSIS	309	334	551	568
SHIGELLOSIS	180	202	212	321
STREP, INVASIVE GROUP A	31	63	62	26
SYPHILIS, TOTAL*	218	178	198	226
PRIMARY	14	13	2	8
SECONDARY	19	11	5	11
EARLY LATENT	35	11	11	22
LATENT	0	0	9	10
LATE LATENT	141	135	150	156
CONGENITAL	7	8	19	15
NEUROSYPHILIS	2	0	2	4
TUBERCULOSIS	246	298	330	273
TYPHOID FEVER, CASE	1	8	4	9

County of Orange Health Care Agency  
 \*Provisional Data

## PUBLIC HEALTH Bulletin

COUNTY OF ORANGE • HEALTH CARE AGENCY

Public Health Bulletin is published by the County of Orange Health Care Agency, Quality Management/Public Information under the direction of:

**Mark Horton, MD, MSPH, Health Officer**

### Editorial Board:

**Len Foster, Division Manager,**  
Adult and Child Health Services

**Ron LaPorte, Division Manager,**  
Health Promotion & Disease Control

**Jack Miller, Director,**  
Environmental Health Services

**Hildy Meyers, M.D., Medical Director,**  
Communicable Disease Control & Epidemiology

### Editors:

**Pat Markley,**  
Public Information

**Carole Neustadt,**  
Public Information

Public Health Bulletin provides up-to-date information on public health issues affecting the Orange County medical community. PHB welcomes your ideas, comments, and article submissions. Please direct all comments and/or questions to:

County of Orange Health Care Agency  
 Public Health Bulletin/QM  
 P.O. Box 355  
 Santa Ana, CA 92702  
 (714) 834-3166

Graphic Design and Layout produced by the HCA Desktop Publishing Unit  
 — a part of Quality Management.

If you would like to receive the *Public Health Bulletin* by e-mail, please send your electronic subscription request to Karen Waheed at [kwaheed@hca.co.orange.ca.us](mailto:kwaheed@hca.co.orange.ca.us). Please include your name, title, organization, address and e-mail address. If you choose to receive the *Public Health Bulletin* by e-mail, you will no longer receive a printed copy by U.S. mail.

COUNTY OF ORANGE • HEALTH CARE AGENCY  
 QUALITY MANAGEMENT  
 P.O. BOX 355  
 SANTA ANA, CA 92702